

# TACTICAL RESPONSE REPORT/Chicago Police Department

11. DATE OF INCIDENT <b>01-JAN-2017</b>		TIME <b>02:14:00</b>	2. ADDRESS OF OCCURRENCE <b>12504 S STATE ST CHICAGO, IL 60628</b>			3. LOCATION CODE <b>304</b>	4. BEAT/OFFICER <b>0523</b>	5. VIDEO RECORDS INCIDENT <input checked="" type="checkbox"/> 01 DVO <input type="checkbox"/> 02 INVEST CAMERA <input type="checkbox"/> 03 OTHER RECORDED	
<b>MEMBER INVOLVED</b>  <input type="checkbox"/> ONA	6. POSITION <b>9161</b>	7. LAST NAME <b>RASKE</b>	8. FIRST NAME <b>ALEX S</b>	9. STAR NO. <b>11186</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WHI</b>	12. AGE <b>30</b>	13. HT. <b>603</b>	14. WT. <b>240</b>
	15. DATE OF APPT. <b>02-JUL-2012</b>	16. EMPLOYEE NO. [REDACTED]	17. UNIT & BEAT OF ASSIGNMENT <b>005 0562D</b>	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	21. LAST NAME <b>ROWLETT</b>	22. FIRST NAME <b>DWANE</b>	23. M.I. <b>K</b>	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>BLK</b>	26. D.O.B. <b>03-APR-1973</b>	27. HT. <b>602</b>	28. WT. <b>270</b>	
	29. ADDRESS <b>12915 S ABERDEEN ST CHICAGO, IL</b>		30. TELEPHONE NO. [REDACTED]	31. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>CHRIST</b>						
	36. BY WHOM?		37. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	38. CHARGES PLACED		39. CB NO. [REDACTED]	40. IR NO. [REDACTED]	41. DNA [REDACTED]	
	40. SUBJECT'S ACTIONS		41. PASSIVE RESISTER	42. ACTIVE RESISTER	43. ASSAULT ASSAULT	44. ASSAULT BATTERY	45. ASSAULT DEADLY FORCE		
	MEMBER'S RESPONSE		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BOILY HARM <input type="checkbox"/>		
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>		
			OTHER _____	OTHER _____	PERCEIVED AS _____	OTHER _____	OTHER _____		
		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>			
		VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>				
		ESCORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____				
		ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	PERCEIVED AS REACHING FOR FIREARM _____			
		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
		CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____			
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____	OTHER _____				
		LRAD W/AUTHORIZATION <input type="checkbox"/>	01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	OTHER _____	OTHER _____				
		OTHER _____	OTHER _____	OTHER _____	OTHER _____				
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member					
46. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER			47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS <b>CLEAR</b>				
50. MAKE/MANUFACTURER <b>GLOCK, INC. - AU-</b>			51. MODEL <b>17</b>	52. BARREL LENGTH <b>4.5</b>	53. CALIBER/GAUGE <b>9 MM</b>				
54. TASER PART ID NO		55. WEAPON SERIAL NO. (Include Letters) <b>SVP524</b>	56. CHICAGO GUN PEG. NO. <b>R027465S</b>	57. IL FIREARM OWNER ID. NO. <b>15660440</b>	58. HANDGUN CERTIFICATE NO.				
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED <b>Department Issued</b>	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	63. TOTAL NO. OF SHOTS MEMBER FIRED <b>9</b>				
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. OTHER (SPECIFY)				
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>CAR DOOR</b>			72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION			74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
1700102141 JA100125 ON DUTY 76. EVENT 77. DATE 78. TIME									

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE            NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC            NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC            Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>			
	78. ADDITIONAL INFORMATION			
SIGNATURES	79. REPORTING MEMBER (Print Name) <b>RASKE, ALEX S</b> 01-JAN-2017 08:41:34		STAR/EMPLOYEE NO <b>11186</b>	SIGNATURE
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
	80. REVIEWING SUPERVISOR (Print Name) <b>GUTIERREZ, ADNARDO</b>		STAR NO. <b>714</b>	SIGNATURE
				DATE REVIEWED TIME <b>01-JAN-2017 08:43:09</b>

70010214

ENCL NO. 25

JA100125

ZER NO.

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1) THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS. (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> INTERVIEW NOT CONDUCTED (Specify Reason)
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Surgery

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

U#17-001, no body cameras or dashboard videos.

As of this report, no further action by the undersigned is required. Investigation into this incident is ongoing by Area South Detective Division and IPRA and appropriate criminal charges have not been determined. Based on the available facts at the time, it is the preliminary finding of the undersigned that further investigation is needed.

<b>83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DUTY</b> <input checked="" type="checkbox"/> I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.	<b>84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION</b> <input checked="" type="checkbox"/> INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.  <input type="checkbox"/> LOG NO. <u>1083546</u> OBTAINED
<b>85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)</b> <u>WILLIAMS, TERENCE V</u>	
<b>86.</b> TRR _____ OF _____ TRR(S)	
<b>87. DISTRIBUTION OF TRR:</b> IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION: 1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE. 2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO A. INDEPENDENT POLICE REVIEW AUTHORITY, AND B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.	
<b>SIGNATURE</b> 	<b>DATE COMPLETED</b> <u>01-JAN-2017</u> <b>TIME</b> <u>09:01:11</u>

LOG# 1083546

Attachment 9